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TRECT POTAMIN 13 JAN 2005

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER P04,0299

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural, names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"METHOD AND DEVICE FOR PRINTING WHEREIN A HYDROPHILIC LAYER IS PRODUCED AND STRUCTURED"

	the specification of which (check only one item below): is attached hereto.				
0	was filed as United States application Serial No				
• .	on				
	and was amended				
	on		(if applicable).		
⊠	was filed as PCT international application				4.
	Number		PCT/EP03/01451		
	On		February 13, 2003		
	and was amended under PCT Article 19				
	on				
			understand the cont ent referred to abov	ents of the above-identified see.	specification, including
			ormation which is mal Regulations, §1.5	aterial to the examination o 6.	f this application in
patent or inver than the Unite patent or inve than the United	ntor's certificate o d States of Ame ntor's certificate o	r of any rica liste or any P ca filed b	PCT international apd below and have a CT international apply me on the same s	States Code, §119 of any for pplication(s) designating at lealso identified below any for plication(s) designating at leading the subject matter having a filing	east one country other eign application(s) for ast one country other
PRIOR FORE	GN/PCT APPLIC	ATION(S) AND ANY PRIOF	RITY CLAIMS UNDER 35 U.	S.C. 119:
COUNTRY (if PCT indicate "PCT") APF		LICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119	
Germany		102 06	938.7	February 19, 2002	⊠ YES □ NO
					⊠ YES □ NO
					□ YES □ NO
					□YES □ NO

ATTORNEY'S DOCKET NO. P04,0299 Combined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications) I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject mater of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, Untied States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application: PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120: STATUS (Check one) U.S. APPLICATIONS U.S. FILING DATE **PATENTED PENDING ABANDONED** U.S. APPLICATION NUMBER PCT APPLICATIONS DESIGNATING THE U.S. PCT FILING U.S. SERIAL NUMBERS **PCT APPLICATION NO** DATE ASSIGNED (if any) POWER OF ATTORNEY: As a named inventor, I hereby appoint all Attorneys identified by United States Patent & Trademark Office Customer Number 26574, who are all members of the Firm Schiff Hardin LLP Send Correspondence to: **SCHIFF HARDIN LLP** Patent Department Direct Telephone Calls to: 6600 Sears Tower, Chicago, Illinois 60606-6473 Brett A. Valiquet(312) 258-5786 SECOND GIVEN NAME FAMILY NAME FIRST GIVEN NAME TOLL NAME OF INVENTOR LINK STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 2 CITY **RESIDENCE &** 0 CITIZENSHIP Germany
STATE & ZIP CODE/COUNTRY Germany München POST-OPPICE ADDRESS POST OFFICE **ADDRESS** Germany D-81667 München Spicherenstraße 14 SECOND GIVEN NAME FAMILY NAME FIRST GIVEN NAME **FULL NAME** OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY 0 **RESIDENCE &** CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS **POST OFFICE ADDRESS** FIRST GIVEN NAME SECOND GIVEN NAME FAMILY NAME **FULL NAME** OF INVENTOR STATE OR FOREIGN COUNTRY STATE & ZIP CODE/COUNTRY 2 0 **RESIDENCE &** CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY **POST OFFICE ADDRESS** I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity

of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 202

POST OFFICE ADDRESS

DATE

DATE

DATE